

Name in Full

Certificate of Death

Susan R. Bryan

Died at

Piney Neck

County

D. A. Co

MARYLAND

1901

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

1st

16

Age

69

-

-

Md

Religion

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living None

Husband

of

Wife

Father's

Name

James Bryan

~~Mother's~~

Name

Not Known

Cause of

Primary

Bronchial Arthritis.

How long sick

Death

Immediate

Influenza 10

~~Accident, Suicide, Homicide~~

Reported by

Howard R. Hopkins

Address

Greenstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 88888



Name in Full *James Hazel Booker*

Town *Ludlusville* County *Queen Anne's* MARYLAND

Died at *Ludlusville*

Date *1901* Month *Jan* Day *8* Y. *90* M. *3* D. *9* Native of *Ludlusville* Occupation *Clerk*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Single ☐ Widower ☐ Number of children living ☐

Husband
of
Wife

Father's Name *James M. Booker* Mother's Name *Margaretta Booker*

Cause of Death { Primary *Poliomyelitis* How long sick *8 months*
Immediate *" and Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *Foster Suddles* *74*

Address *Ludlusville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Samuel E. Bird *white*

Town

County

Died at *Sancti Spiritus* *2 a co*, **MARYLAND**

Month

Day

Y.

M.

D.

Native of

Occupation

Date *1907* *1* *28* Age *60* *2 a co* *Crummey*

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

2

Husband
of

Wife

Father's

Mother's

Name

Name

93

Cause of Primary

Death Immediate

*Pneumonia**cc**th.*

How long sick

5-5-07

Accident, Suicide, Homicide

Reported by

Address

Dr. C. C. ...
Washington

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

Buried in Mullington Cemetery
Permit given Jan 29th 1901
by Geo. C. Townsend
and Registrar

Mullington Cemetery
150-1-00

Name in Full:

Certificate of Death

Katie Bracher
 Died at *Church Hill* Town *Adams* County *MARYLAND*

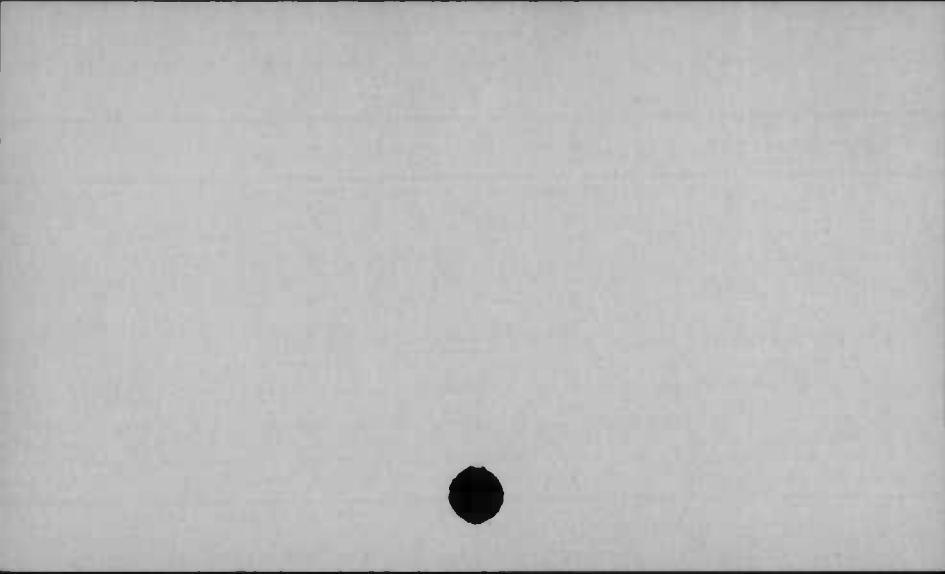
Date *1901* 1901 Month *1* Day *27* Y. M. D. Native of *Ind* Occupation
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living

Husband of *—*
 Wife of *—*
 Father's Name *—* Mother's Name *—*

Cause of Death { Primary *Appendicitis* 118 How long sick
 Immediate Accident, Suicide, Homicide

Reported by *J Lane Finley*
 Address *—*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.
 LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Not named -

Died at

Town

County

MARYLAND

Date 19

01

Month

Day

1 31

Age

6

Native of

md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's

Name

Mother's

Maiden Name

Thornton Clark

May & Clark E

Cause of

Primary

179

How long sick

6 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Danner & Whelby

Address

Berthville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79001

No Doctor
information from
Thornton Black

Name In Full

Certificate of Death

Henrietta Cooper.

Died at *Hent Island* Town *L. A. Co.* County *MARYLAND*

Date *1901* *Jan 27* Month *Jan* Day *27* Y. *54* M. *54* D. *54* Native of *Md.* Occupation *Home wife*

Female *Colored* *Married* *Widow* *Divorced* *Widow* Number of children living *3*

Husband of *Thomas Cooper*

Wife *Thomas Cooper*

Father's Name *James Turner* Mother's Name *Elizabeth Turner*

Cause of Death { Primary *La Grippe & Pneumonia* How long sick *7 days.*

Death { Immediate *10* Accident, Suicide, Homicide

Reported by *C. Percy Kemp M.D.*

Address *Hent Island Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Y.

M.

D.

Native of

Occupation

MARYLAND

1901

Male

~~Female~~

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Y.

M.

D.

Native of

Occupation

MARYLAND

1901

Male

~~Female~~

of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Month Day

Age

Married

~~Single~~

Widow

Widower

Divorced

Number of children living

Primary

Immediate

How long sick

Accident, Suicide, Homicide



Name In Full

Certificate of Death

Richard Davis

Town

County

Died at

Kent Island

Queen Anne's

MARYLAND

Date 18

Month

Day

Age

Y.

M.

D.

Native of

Occupation

901 Jan 27

16-8--

Md

Oysterman

Male

~~White~~~~Mixed~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Jos Davis

Mother's

Name

Mary Davis

Cause of

Primary

Pneumonia 93

How long sick

12 days

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

C. Percy Kemp M.D.

Address

Kent Island

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79508



Certificate of Death

Died at ^{Town} Greens town ^{County} Queen Anne County MARYLAND

Date 1901	Month	Day	Y.	M.	D.	Native of	Occupation
	Jan	24	61			De ware	Merchant
Male	White	Married		Widow	Divorced		
Female	Colored	Single		Widower	Number of children living	Three	

Husband of *Ellen Milbocker*
Wife

Father's	Mother's
Name	Maiden Name

Cause of	Primary	<i>Paresis</i>	67	How long sick	<i>About a year</i>
Death	Immediate	<i>Exhaustion</i>		Accident, Suicide, Homicide	

Reported by Chas Cockey Jr. D.

Address Green, Conn

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edett Dammus

Town

County

MARYLAND

Died at

Centerville

2 A

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

01

1

8

Age

8

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Stonice Martin

Name Leah Dammus Maiden Name

Cause of

Primary

27

How long sick

3 months

Death

Immediate

Consumption

Accident, Suicide, Homicide

Reported by

Dammus & Whiteley

Address

Centerville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No doctor
information from it
mother Florence Brown

Certificate of Death

Husband of <i>Jahar L. Lough</i>		Mother's Name <i>Martha P. Pinfold</i>	
Wife			
Father's Name			
Cause of		How long sick	
Primary	<i>Chronic nephritis</i>	<i>3 yrs</i>	
Death	Immediate <i>Exhaustion</i>	Accident, Suicide, Homicide	

LIBRARY BUREAU. 79888

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate

received from _____

of _____

Mary Estelle Green
 Town County

Died at Lanham Ann MARYLAND

Date 19 01 Month 1 Day 21 Age 17 Y. 2 M. 2 D. 2 Native of Virginia Occupation
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living

Husband
 of
 Wife

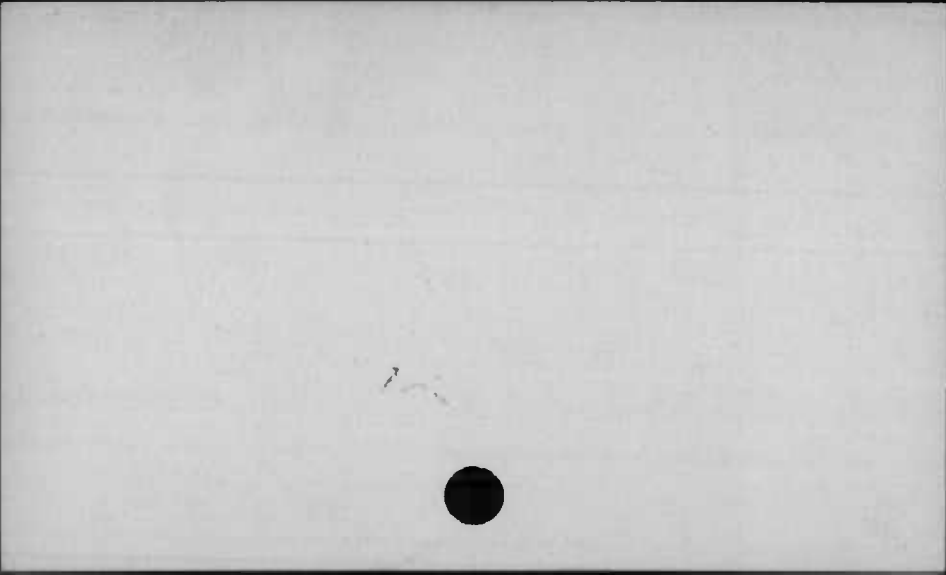
Father's Name W. L. Green Mother's Maiden Name A. L. Selby

Cause of Death { Primary La Grippe 10 How long sick
 Immediate Pneumonia Accident, Suicide, Homicide

Reported by Howard B. Hapkins

Address Lanham

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

J. L. Halton Harley
 Town County
 Died at *Cumtville Greenview Labor*, MARYLAND

Date *1901* Month *1* Day *6* Y. M. D. Age *40 2* Native of *MD* Occupation *Lawyer*
 Male White Married Widaw Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *4*

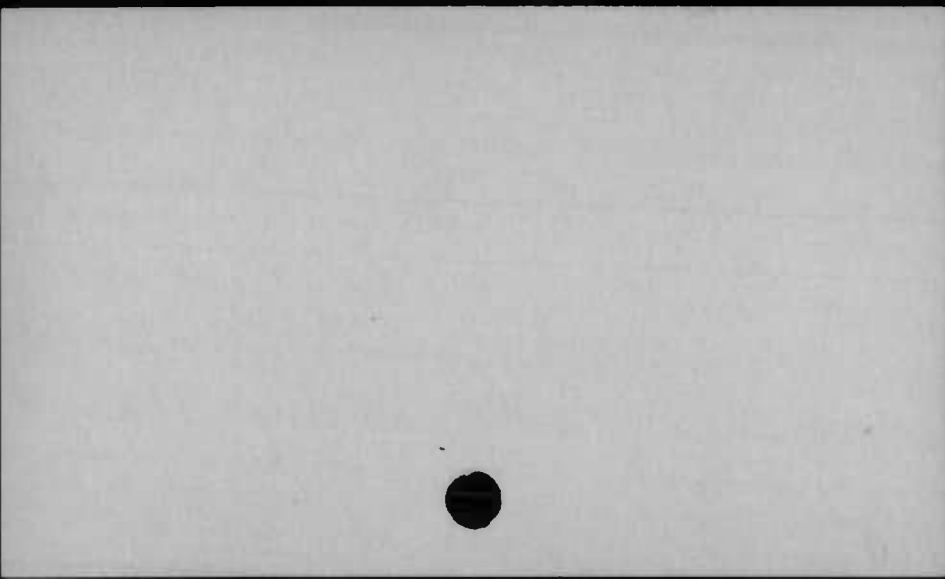
Husband of *Lucie Harley*
 Wife
 Father's Name *J. G. Harley* Mother's Name *— 93*

Cause of Death { Primary *Pneumonia* How long sick *5 day*
 Immediate *Heart Failure* Accident, Suicide, Homicide

Reported by *Inspector MD*
 Address *Cumtville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88365



Name In Full

Lessie Harp
 Town *Bethsburg* County

MARYLAND

Died at *Bethsburg*
 Date 19 *01* Month *1* Day *8* Y. *60* M. *60* D. *60*
 Age *60*
 Native of *ind* Occupation
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of *Henry Harp*
 Wife
 Father's Name Mother's Maiden Name

Cause of Death { Primary *85* How long sick
 { immediate *Hemorrhage* Accident, Suicide, Homicide

Reported by *Dawson & Whetely*
 Address *Bethsburg*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No Doctor
information of Calver

Asiah Hawkins

Town

County

Died at *Green Anso*

Alma House MARYLAND

Date *1901* Month *July* Day *15* Y. *76* M. *24.C.* D. *Labourer*
 Male ~~Female~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Divorced~~
~~White~~ Colored ~~Single~~ Widower ~~Number of children living~~

Husband
of

No History

Father's
Name

Mother's
Name

Cause of Death { Primary *Old age* Immediate *Paralysis* How long sick
 Accident, Suicide, Homicide

Reported by

L. A. Votson M.D.

Address

Centerville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Harriet A. Hummons

Town

County

Died at

New Hope

2400

MARYLAND

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

1

3

Age

55

9

13

Md.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Six

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Consumption (Consumption)

How long sick

4 months

Death

Immediate

Exhaustion 27

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name In Full

Certificate of Death

Berrie Hatcher
 Died at *Centerville* Town *Laurens* County *South* MARYLAND

Date 19 *01* Month *Jan.* Day *33* Age *76* Y. M. D. Native of Occupation *Widow*
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of

Wife

Father's
Name

Mother's
Maiden Name

Cause of Death { Primary *Dropsy* Immediate } How long sick *90 days*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Annie M. Lane
Town *Proctor* County *Queen Anne's* MARYLAND
Died at
Date *1901* Month *Jan* Day *1* Y. *about 78* M. *yo* D. *md* Native of _____ Occupation _____
Age *about 78*
~~Male~~ ☒ Female ~~White~~ ☒ Colored ~~Married~~ ☒ Single ~~Widow~~ ☒ Widower ~~Divorced~~ Number of children living *seven*
~~Husband~~ of *Saml. G. Lane*
Wife
Father's Name *Mr. Peters* Mother's Name _____
Cause of Death { Primary *Old age* Immediate _____ How long sick *for yrs*
154 Accident, Suicide, Homicide _____

Reported by *W.D. Fry* *md*
Address *Quinnville* *md*
Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Mrs Pancy Marville
 Town *Kent Island* County *Queen Anne's* MARYLAND

Date

1901 Jan. 15 Month *Jan.* Day *15* Y. *76* M. *76* D. *76* Native of *Talbot Co.* Occupation *None*

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

79 one half hour

Accident, Suicide, Homicide

Reported by

Address

Whittman White undertaker
of Kent Island Q.A. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information obtained in this certificate re-
ceived from _____
of _____

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow-

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895

1 Cuddey

Name in Full

Certificate of Death

Rosetta Pierce

Town

County

Died at

MARYLAND

Date

1901

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 15

Age

76-4-0

Cld

Female

Colored

Married

Widow

Divorced

Number of children living

3 -

Wife

Father's

Name

Mother's

Name

Cause of

Death

Primary

Immediate

How long sick

Perry Pierce

Perry Stansberry

Tina Stansberry

La Grippe & Pneumonia about 5 days

Exhaustion

10

Accident, Suicide, Homicide

Reported by

Address

C. Percy Kemp, C.M.D.

Kent Island Cld

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Date 1900

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~

Married

Widow

~~Divorced~~

servant

Female

Colored

~~Single~~

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Heart failure

How long sick

Only a few minutes

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

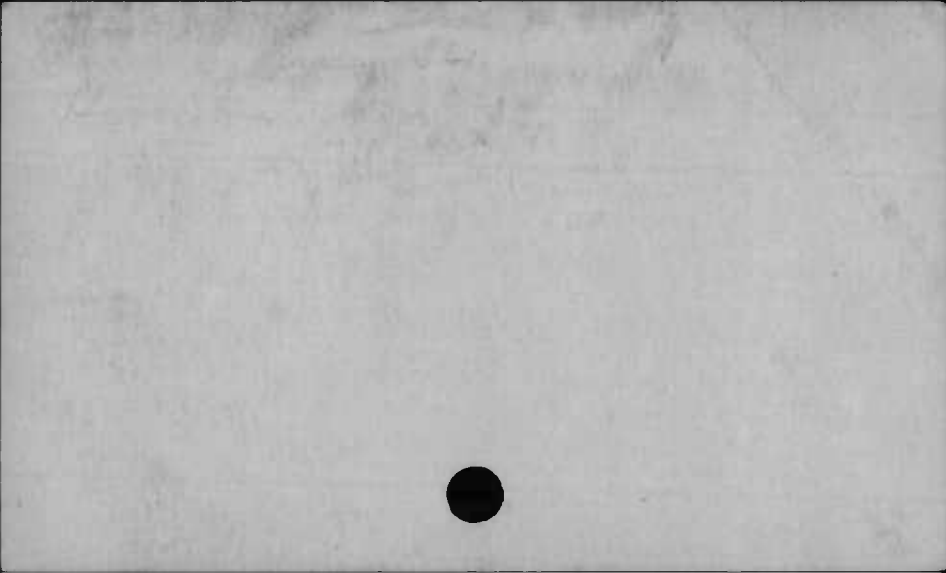
J. E. Graham M. D.

Address

Ingleside Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 1900



Name in Full

Certificate of Death

Rosie Sandman

Town

County

Died at

Kent Island Queen Annes MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

01 Jan 25 Age 20

House Girl

Female

Colored

Single

~~Widow~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Benjamin Sandman

Mother's

Maiden Name

Ausie Deloyton

Cause of

Primary

Consumption

How long sick

19 months

Death

Immediate

Exhaustion

27

~~Accident, Suicide, Homicide~~

Reported by

F. B. Thomas Underlapper

Address

Kent Island La C Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lida Snitcher

Town

County

Died at near Crumpton Queen Anne

MARYLAND

Date 1901 Jan. 5 13 5 16 md
 Year Month Day Y. M. D. Native of Occupation
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband
of
Wife

Father's Name Isaac Snitcher Mother's Name Rebecca Keen

Cause of Death { Primary Typhoid Fever / Pneumonia How long sick 4 weeks
 { Immediate Pneumonia Accident, Suicide, Homicide

Reported by J. N. Sheppard M.D.Address Crumpton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Eliza Jane Thomas

Town

County

Died at *Trut Island Queen Anne's*

MARYLAND

Date 1901 *1-24* Age *69* Native of *Queen Anne's* Occupation *House wife*
 Male *White* Married *Widow* ~~Divorced~~
 Female *Colored* ~~Single~~ *Widower* Number of children living *8*

Husband of *Edmund Thomas*
 Wife

Father's Name *Mr Lewis* Mother's Name *Fannie Hooleyhand*
 Maiden Name

Cause of Death { Primary *La Grippe* 10 How long sick *2 wks.*
 Immediate *Heart affection* Accident, Suicide, Homicide

Reported by *Dr. J. P. Benton*

Address *Trut Island*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date 1907

Husband
of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Jane Thornton

Town

County

Near Church Hill

La es

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

Month

Day

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Whooping Cough

How long sick

5 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr Brown

Address

Church Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Benjamin Tolson
 Town County

Died at

Blue House Twin Arns

MARYLAND

Date *1901*

Month Day

Jan 9

Age

Y. M. D.

70 - -

Native of

2. C. Co

Occupation

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Name

Alice Sealons

Jacob Tolson

Mother's

Name

Elizabeth Legg

Cause of

Primary

Natural decay

How long sick

2 months

Death

Immediate

Dysentery & Paralysis

Accident, Suicide, Homicide

Reported by

A. Volkmann (M.D.)

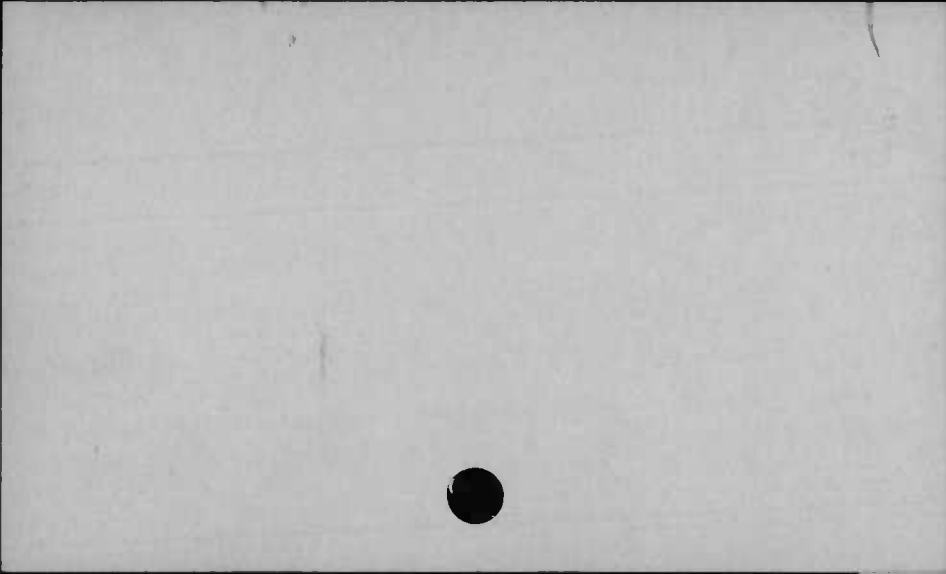
Address

Centerville

Maury Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FEB 68



Name in Full

Certificate of Death

Charlotte A. Wilson

Town

County

Died at near Pries

Queen Anne's.

MARYLAND

Date 19 01 Month 1 Day 21 Age 78- Y. M. D. Native of Md. Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

~~Husband~~ of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Sarah E Wright

Died at Centerville Queen Anne's MARYLAND
 Date 189 1901 Month 1 Day 39 Y. W M. 2 D. 20 Native of Q.A.Co. Occupation House wife
~~Male~~ Female ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Number of children living 3

~~Husband~~ of Alphonso H. Wright
 Wife
 Father's Name James Sheubrooks Mother's Name Julia Comegys

Cause of Death Primary La grippe 10 How long sick 8 days
 Immediate Pneumonia Accident, Suicide, Homicide

Reported by Geo Bodley M.D.
 Address Centerville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

J. P. Dordley
Eastville Md.

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full

Certificate of Death

Not named

Town

County

Died at

Hope

Queen Anne

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1901

Jan 30

Age

7 1/2 hours

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living—

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Premature birth

How long sick

Death

Immediate

157

Accident, Suicide, Homicide

Reported by

Nancy Wright, Midwife

Address

Ruthsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

